

**STATE OF LOUISIANA  
BOARD OF CERTIFICATION FOR SOLID WASTE DISPOSAL  
SYSTEM OPERATORS  
APPLICATION FOR RE-CERTIFICATION**

**Louisiana Department of Environmental Quality  
Board of Certification and Training For Solid Waste Management Operators  
Registrations and Certifications Section  
Post Office Box 4313  
Baton Rouge, Louisiana 70821-4313**

**1. Personal Data**

(Please Type or Print in Ink)

<b>Employee's Full Name</b> <div style="display: flex; justify-content: space-between;"> <span>Last</span> <span>First</span> <span>Middle Initial</span> </div>			<b>Name of Employer</b>		
<b>Home Address</b>			<b>Name of Solid Waste Management Facility (Site)</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Site Address</b>		
<b>Home Phone Number</b> (     )			<b>City</b>	<b>State</b>	<b>Zip</b>
<i>For Office Use Only</i> Agency Interest Number (A.I.#) _____			<b>Site Phone Number</b> (     )		<b>Site Parish</b>
____ \$100 Re-Certification    ____ \$200 Late- Re-Certification  Check Number _____ Check Date _____ Check Amount _____			<b>Employer's Mailing Address</b>		
			<b>City</b>	<b>State</b>	<b>Zip</b>

**2. Re-Certification Requested - Check Applicable Line(s)**

<b>Class A.1 (Landfills)</b>  Level A ____ (40 contact training hrs. needed) Level B ____ (40 contact training hrs. needed) Level C ____ (30 contact training hrs. needed)	<b>Class B.1 (Incinerator/Waste Handling Facility)</b>  Level A ____ (30 contact training hrs. needed) Level B ____ (30 contact training hrs. needed)	<b>Class C.1 (Construction/Demolition or Woodwaste Facility)</b>  Level A ____ (30 contact training hrs. needed) Level B ____ (30 contact training hrs. needed)
<b>Class A.2 (Surface Impoundment)</b>  Level A ____ (20 contact training hrs. needed)	<b>Class B.2 (Refuse-Derived Fuel Facility)</b>  Level A ____ (30 contact training hrs. needed) Level B ____ (30 contact training hrs. needed)	<b>Class C.2 (Composting Facility)</b>  Level A ____ (30 contact training hrs. needed) Level B ____ (30 contact training hrs. needed)
<b>Class A.3 (Landfarms)</b>  Level A ____ (40 contact training hrs. needed) Level B ____ (40 contact training hrs. needed)	<b>Class B.3 (Transfer Station)</b>  Level A ____ (30 contact training hrs. needed) Level B ____ (30 contact training hrs. needed)	<b>Class C.3 (Separation Facility)</b>  Level A ____ (30 contact training hrs. needed) Level B ____ (30 contact training hrs. needed)

- a. Attach proof of attendance at a training session or sessions approved by the Board, including but not limited to dates(s) of training, hours of attendance, course outline, agency or institution providing training, etc.
- b. Attach proof of current certification.
- c. Late Re-Certification will be considered by the Board if application is made within 3 months following the expiration date of the certificate. All training requirements must have been met before the expiration date of the certificate.

**3. Certification(s) List all current Solid Waste Operator Certifications**

Class	Level	Date Issued	Certificate No.

**4. Re-Certification Fee (Check applicable)**

- \_\_\_\_\_ a. Re-Certification \$100
- \_\_\_\_\_ b. Late Re-Certification \$200

Method of payment shall be by check, or money order, made payable to: **The Board of Certification and Training** at the address at the top of the 1<sup>st</sup> page of the form.

**5. Data Verification**

I verify that the foregoing data and/or facts are correct, to the best of my knowledge. All information contained in this application and all attached supporting documents, are subject to verification by the Board. Any false or erroneous information may be cause for disapproval of this application and/or loss of Louisiana Certification.

\_\_\_\_\_  
Signature of Applicant                      Printed Name                      Date

**6. Certification**

I, as the applicant's supervisor, have personally examined and am familiar with the information contained in this document. I hereby attest, under penalty of law, that the information is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant                      Printed Name                      Date